

OIPE IAP68
 SEP 06 2005
 PATENT & TRADEMARK OFFICE

IPW 8

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Application Number	10/808,543
		Filing Date	3/25/2004
		First Named Inventor	Watanabe
		Examiner Name	Karl D. EASTHOM
		Art Unit	2832
TOTAL AMOUNT OF PAYMENT (\$)		120	Attorney Docket No. 01-625

METHOD OF PAYMENT (check all that apply)

☒ Check
 ☐ None
 ☐ Other (please identify):

☒ Deposit Account
 Deposit Account Number: 50-1147
 Deposit Account Name: Posz Law Group, PLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

- 20 or HP = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ _____ (\$ for small entity)


for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

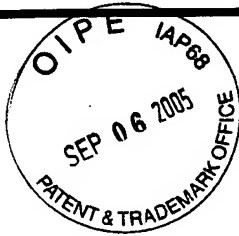
Non-English Specification,	\$130 fee (no small entity discount)	
Other: (Petition for Extension of Time (1 month))		120

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,880	Telephone (703) 707-9110
Name (Print/Type)	Cynthia K. Nicholson		Date 6 September 2005

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
01-625



In re Application of **Watanabe et al.**

Application Number **10/808,543**

Filed: **3/25/2004**

For: **PRESSURE-SENSITIVE RESISTOR AND PRESSURE-SENSITIVE SENSOR USING THE SAME**

Group Art Unit
2832

Examiner **Karl D. EASTHOM**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | |
|-------------------------------------|---|--------------------|
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ <u>120.00</u> |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ <u>450.00</u> |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ <u>1020.00</u> |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ <u>1,590.00</u> |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ <u>2160.00</u> |
| <input type="checkbox"/> | Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____. | |

A small entity statement under 37 CFR 1.27:

- ☐ is enclosed.
- ☐ has already been filed in this application.
- ☒ A check in the amount of the fee is enclosed.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1147. I have enclosed a duplicate copy of this sheet.

I am the ☐ assignee of record of the entire interest.

- ☐ applicant.
- ☒ attorney or agent of record.
- ☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

Date 6 September 2005


Signature

Cynthia K. Nicholson(Reg. No.36,880)

Typed or printed name

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